



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# WELCOME TO ALL

## Membership For All Application

### EVERYONE IS WELCOME

The YMCA welcomes all who wish to participate and believe that no one should be denied access to the Y based on their inability to pay. Through our Membership For All Program, the South Wood County YMCA provides assistance to youth, adult and families based on individual needs and circumstances.

### THE ESSENCE OF THE Y

With a commitment to nurturing the potential of kids, promoting healthy living and fostering a sense of social responsibility, the South Wood County YMCA ensures that every individual has access to the essentials needed to learn, grow and thrive.

### COMMITTED TO OUR COMMUNITY

Determining assistance amounts is handled by YMCA branches in a fair and consistent manner. Every YMCA member receives the same membership benefits, regardless of whether or not they receive assistance. YMCA members can feel confident knowing that they are part of an organization that cares greatly for the well-being of all people, and is committed to youth development, healthy living and social responsibility.



Membership For All reduces membership fees; it does not eliminate them.

The YMCA requests that individuals and families reapply on a 3 to 12 month basis; with updated documentation.

Membership fees are subject to change when you reapply.

If you do not reapply at the time requested, your membership will expire.  
Please contact your branch if you have questions.

[swcymca.org](http://swcymca.org)

#### OFFICE STAFF:

Date Received: \_\_\_\_\_

Income Verification:

ID Shown:

Staff initials: \_\_\_\_\_

# Membership For All Information

## HOW TO APPLY

1. Return completed application and copies of proof of income as stated to the YMCA location you will access most often.
2. Membership staff will call within 5 business days with an approved rate, which must be activated in person.
3. If further approval is necessary it may be discussed by appointment only.

## PAYMENT PLAN OPTIONS

Membership For All memberships are 3 to 12 months in length. At the end membership scholarship term you must re-apply.

You may purchase your membership:

- o Upfront in full for 3 to 12 months .
- o Drafted monthly out of a debit or credit card or bank draft.
- o In special circumstances, a cash payment may be discussed.

## OTHER REMINDERS

- o Please apply for your membership at the YMCA location that is most convenient to you. (Wisconsin Rapids or Adams location)
- o Proof of income is required for all adults in the household to determine your membership rate (tax forms, W2's, etc.)
- o A family/single parent family membership includes any dependent children up through the age of 18 (unless in school, proof will be requested) who reside in the household.
- o Your membership rate is good for a maximum of 12 months. After this you must re-apply and provide updated proof of income.
- o **If documents are missing or incomplete we reserve the right to deny your application.**

## YMCA LOCATIONS

- o South Wood County YMCA • 601 W Grand Ave, Wisconsin Rapids, WI 54495 • (715) 818-9622
- o Adams Friendship Branch • 393 N Pine St, Adams, WI 53910 • (608) 472-5400

**Y Mission:** To put Christian principles into practice through programs that build a healthy spirit, mind and body for all.

# Membership For All Application Apply in 5 easy steps!

## 1 APPLICANT INFORMATION

Full Legal Name as shown on ID \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

DOB \_\_\_\_\_ Parent/Guardian Name if under 18 \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_

Emergency Contact Phone \_\_\_\_\_

## 2 ALL PERSONS LIVING IN THIS HOUSEHOLD

Adult 1	First Name	Middle Initial	Last name	DOB
Adult 2	First Name	Middle Initial	Last name	DOB
Child	First Name	Middle Initial	Last name	DOB
Child	First Name	Middle Initial	Last name	DOB
Child	First Name	Middle Initial	Last name	DOB
Child	First Name	Middle Initial	Last name	DOB
Child	First Name	Middle Initial	Last name	DOB
Child	First Name	Middle Initial	Last name	DOB
Other Legal Dependent(s) Full Name				DOB

## 3 I AM APPLYING FOR

✓ Check category for which you are applying

MEMBERSHIP TYPE	
<input type="checkbox"/>	YOUTH (18 and under)
<input type="checkbox"/>	YOUNG ADULT (19-24)
<input type="checkbox"/>	ADULT (25+)
<input type="checkbox"/>	ADULT COUPLE
<input type="checkbox"/>	SINGLE PARENT FAMILY
<input type="checkbox"/>	FAMILY
<input type="checkbox"/>	SENIOR ADULT (62+)
<input checked="" type="checkbox"/>	WISCONSIN RAPIDS - MAIN BRANCH
<input type="checkbox"/>	ADAMS BRANCH

## 4 HOUSEHOLD MONTHLY INCOME

	Adult 1	Adult 2	Other	Staff Use Only Total Household Monthly Income:	Staff Use Only Total Household Annual Income:
1040 Federal Tax Form(s) or W2 Total:	_____	_____	_____	_____	_____
4 Paystub Wages Net Total:	_____	_____	_____	_____	_____
Wages Net Total Second Job:	Circle One: Weekly Biweekly Semi-Monthly Monthly	Circle One: Weekly Biweekly Semi-Monthly Monthly	_____	_____	_____
Child Support:	Circle One: Weekly Biweekly Semi-Monthly Monthly	Circle One: Weekly Biweekly Semi-Monthly Monthly	_____	_____	_____
Social Security:	_____	_____	_____	_____	_____
Disability:	_____	_____	_____	_____	_____
Alimony:	_____	_____	_____	_____	_____
Retirement:	_____	_____	_____	_____	_____
Unemployment:	_____	_____	_____	_____	_____
Food Stamps:	_____	_____	_____	_____	_____
Other Financial Assistance:	_____	_____	_____	_____	_____

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## **5** TO QUALIFY, PROVIDE ALL OF YOUR MOST RECENT COPIES OF THE FOLLOWING DOCUMENTS:

- 1040 Federal Tax Form(s) or W2's for all incomes in household
  
- Documents showing most recent income (including 4 pay stubs or documentation of government assistance)
  
- Additional forms of income (if applicable) Social Security, pension, unemployment, food share etc.
  
- If you did not file taxes, letter or documentation from IRS stating such.

### **THIS APPLICATION MUST BE RENEWED EVERY 3 to 12 MONTHS!**

I certify that the above information is true and complete to the best of my knowledge, and that I do not have additional income not represented above. I agree, if necessary to send additional information and documentation to support the above statements. I understand that sponsorship assistance is based on need. In the event that I or my children must cancel our participation, I will contact the Y immediately so sponsorship can be provided to others. I understand that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future.

\_\_\_\_\_  
Signature of person completing this form

\_\_\_\_\_  
Date

### TELL US MORE:

Use this space to tell us any information that you feel we should know. Or what the YMCA means to you and your family.

### OFFICE USE ONLY:

New                       Renewal

Date Issued \_\_\_\_\_

Expiration Date (3m, 6m, or 12m) \_\_\_\_\_

Branch \_\_\_\_\_

Percentage approved \_\_\_\_\_%

Monthly Membership rate \$ \_\_\_\_\_

Staff initials \_\_\_\_\_